

Advance Directive for Palliative Care Instructions

Full Name

Date of Birth

Date

Statement of Intent

I am making this advance directive to outline my instructions and preferences for palliative care in the event th

Preferences for Palliative Care

Comfort Measures

Describe the comfort and symptom management measures you wish to receive.

Pain Management

Describe preferences about pain management, medications, or interventions.

Artificial Nutrition and Hydration

Indicate your wishes regarding feeding tubes, intravenous fluids, or other artificial hydration and nutrition.

Spiritual and Emotional Support

Detail any preferences for spiritual, religious, or emotional support.

Other Instructions

List any additional wishes specific to your palliative care.

Health Care Proxy or Agent

Name of Proxy/Agent

Contact Information

This document is intended as a sample only. For legal validity and local requirements, consult with a healthcare professional or attorney.

Signature (Person making directive)

Date

Witness Signature

Date